

Harrison County Adult Detention Center

06-013-07

Inmate Grievance Form

To: Grievance Officer

From: Michael Tanner 282768 A-E
Inmate Name Docket # Unit

Date: 6-6-07

This is a grievance concerning:

Mr. Bartley Sanitation Supervisor, ON 5-17-07
Mr. Bartley told me to grab a case of
Bottled Water And follow him, I grabbed the
Case of Water And proceeded to follow him.
We got to Central Control door way And had
to wait for the officer in Central to open the
door. the Work Center trustees were standing
In front of Central holding window, I seen a
trustee I knew so I went to talk to him
Well Mr. Bartley started jumping up & down, screaming
for me to get my ASS back over there. Well as
I was walking past Mr. Bartley I had the
Case of Water on my left shoulder, he snatched
it off my shoulder And a bottle of Water flew
up And hit me in my left eye. they took me
to medical And medical sent me to the
hospital. I need to see the doctor because
I still can't see good out of my left eye.

RECEIVED

JUN 07 2007

Michael Tanner

Inmate Signature

Harrison County Adult Detention Center**First Step Response Form**Grievance Number 06 - 013 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: Michael Tanner 282768
Inmate Name and Docket Number

A-E

Housing Unit

From: Captain McGowan
Person to whom 1st Step is Directed

SERVICES

Title/Location

THE SITUATION THAT YOU DESCRIBE, COULD
NOT BE SUBSTANTIATED.

IF YOU NEED TO SEE A DOCTOR, YOU MUST
FILL OUT A MEDICAL REQUEST, IF IT IS
AN EMERGENCY - THEN CONTACT AN OFFICER
OR SUPERVISOR OVER YOUR HOUSING UNIT.

6-11-07

Date

MC
Signature

If you are not satisfied with this response, you may go to Step 2 by filling out the second step section of Form IGF-1 and sending copies of Step 1 and Step 2 to the Warden. It must be received in the Warden's office within 5 days of the date of this response.

Instructions to respondent: Send original IGF-1 with IGF-2 to the Grievance Officer. **Note:** A copy of all documents referenced in the response must be attached and returned to the Grievance Officer.

Instruction to Inmate: This original is for you to keep.

Inmate's Original

Harrison County Adult Detention Center

APPROVED JUN 21 2007

Inmate Relief Request FormGrievance Number 06 - 013 - 07

Type or use ball-point pen.

To: Captain McGowan
First Step RespondentHCADC / HCWC
Location - Circle OneFrom: Michael Tanner 282768
Inmate's Name and Docket NumberA-E
Housing Unit5-17-07

Date of Incident

☐ **Accepted**

This request comes to you from the Grievance Officer. See the attached request from the inmate. Please return your response to this office within 10 days of this date.

☒ **Rejected**

Your request has been rejected for the following reason(s):

Your Grievance is without merit6-12-07

Date

Dolores Whittle

Grievance Officer

Second StepOn 6-12-07 (date), I received a written response to my First Step request. I am not satisfied with this response because:(A) Regarding Substantiated the "Situation" I have been injured possibly permanently by a hostile act that would be construed as assault and battery outside these walls by an employee of Harrison County. This situation was witnessedTherefore, I am commencing the Second Step by sending this form and the First Step response (IGF-2), to the Warden. This request must reach the Warden's office within 5 days of my receiving the First Step response. Over6-12-07

Date

Michael Tanner

Signature

by Several People, At least one of whom will be
More than willing to Make A Statement "Substantiating"
What I Stated in the Grievance form. I Am formally ASK'ing
You to further investigate this And to Provide me with
Additional Medical Evaluation. And (B) in Responce to your
Statement Regarding my filling out A request, I did that A
Week Ago And I Still haven't heard back from the Nursing
Staff.

Inmate Grievance Form

(IGF-3)

Harrison County Adult Detention Center**Second Step Response Form**Grievance Number 06 - 013 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: Michael TANNER 282768

Inmate Name and Docket Number

A-E

Housing Unit

From: WARDEN CABANA

Warden

HCADC/HCWC
Location-Circle One

I am advised by medical staff that you have received appropriate treatment for the irritation in your eye.

06-19-07

Date



Warden's Signature

This is the final step in the Inmate Grievance process.

Instructions to Warden: Send original and Step 2 copy to the Grievance Officer**Instruction to Inmate:** This original is for you to keep.

Inmate's Original

RECEIVED**JUN 21 2007**